

2409

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>118</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>475</u>	
Town of _____	Local Registrar's No. _____		
City of <u>Globe</u>	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Woodrow Wilson Kehn</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>M.</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>Oct. 1</u> 191 <u>8</u>	(Month)	(Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Otto Richard Kehn</u>	Full Maiden Name <u>Louise Liedke</u>		
Residence <u>Globe, Arizona</u>	Residence <u>Globe, Arizona</u>		
Color or Race <u>W.</u>	Color or Race <u>W.</u>		
Age at last Birthday <u>29</u> (Years)	Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Germany</u>	Birthplace <u>Michigan</u>		
Occupation <u>Mechanic</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct. 1</u> 191 <u>8</u> , at <u>6:10</u> A.M.			
When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>C. W. Adams</u>	(Attending physician, midwife, householder.)
Given or christian name added from a supplemental report _____ 191_____		Address <u>Globe, Arizona</u>	
625-1001-335		B. G. J. J.	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>Oct 5</u> 191 <u>8</u>		A True Copy	
Filed <u>Nov 5</u> 191 <u>8</u>		B. G. J. J.	
		COUNTY REGISTRAR.	